# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	416	-21.8%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe No	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
Brie	ef description of filing. (If filing follows r	ates of an advisory organization, specify org	anization):
	. • • •	le are also filing an expense indicated loss cost multiplie	·
			<u> </u>
*Ad	ljusted to reflect all prior rate changes.		
		nich will result from application of new rates.	
		American Guarantee and Liab	ility Insurance Company
		Na	me of Company
		Gary Shook - Vice President	
			Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	202	-24.4%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	***************************************	
	Line of Insurance		
Doe No	es filing only apply to certain territory (	erritories) or certain classes? If so, specif	ý;
		ates of an advisory organization, specify	
We a	are adopting ISO's CM-2012-RLA1 loss costs. V	Ve are also filing an expense indicated loss cost mult	iplier.
	ljusted to reflect all prior rate changes. hange in Company's premium level wl	nich will result from application of new rate	es.
		American Zurich Insurance	e Company
			Name of Company
		Gary Shook - Vice Preside	ent
		Cary Chook Tiddid	Official Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>		
1.	Automobile Liability Private Passenger Commercial	•			
2.	Automobile Physical Damage Private Passenger Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
	Extended Coverage	1400 674	1.00/		
	Inland Marine	\$133,671	-1.8%		
	Homeowners				
	Commercial Multi-Peril Crop Hail				
	Other				
13.	Line of Insurance				
	Line of insurance				
Doe	es filing only apply to certain territory (	territories) or certain classes? If so, specify	y: No		
		,			
	Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Filing to adopt ISO's loss costs and rules.				
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.				
			rance Company of America		
			Name of Company		
		Gregory A. Popo	lizio, Senior State Flg Analyst		
			Official – Title		

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	\$5,499	-1.8%
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Do	on filing only apply to portain torritory	torritorios) or cortoin alassoca If so appoint	No
DO	es filing only apply to certain territory (	territories) or certain classes? If so, specify:	NO
	of description of filing. (If filing follows ng to adopt ISO's loss costs and	rates of an advisory organization, specify orgrules.	
	ljusted to reflect all prior rate changes		
**C	hange in Company's premium level w	hich will result from application of new rates.	
		Citizens Insura	ance Company of Illinois
			ame of Company
		Gragory A. Bonoli-	zio, Senior State Flg Analyst
			Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate_revision effective	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance	168164  (territories) or certain classes? If so, specifications of the state of the	-17.1% -17.1%
*Ac	current ISO loss costs (CM-2010-RLA1) and kee	hich will result from application of new rate	
		Debia 3. Coms	Official - Title

Change in Company's premium or rate level produced by rate revision effective \_5/1/2013 \_\_\_\_\_ .

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
	Liability Other Than Auto		
4.	Burglary and Theft		
<b>5</b> .	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine	\$470,446	-1.5%
. — .	Homeowners		
	Commercial Multi-Peril	4=	
	Crop Hail		
15.	Other Line of Insurance		<del> </del>
	Eme of modianee		
Does	filing only apply to certain territory (terr	itories) or certain classes'	? If so, specify:
Brief	description of filing. (If filing follows rate	es of an advisory organiza	ation, specify organization):
Re	vising Type of Business Factors		
" Ch	fjusted to reflect all prior rate change ange in Company's premium level which is result from application of new rates.		Federated Mutual Ins. Co. Name of Company

Vice President

Official - Title

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	<u>Change (+ or -) **</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
1.	Burglary and Theft		
<b>5</b> .	Glass		
<b>;</b> .	Fidelity		
7.	Surety		
3.	Boiler and Machinery	<u></u>	
9.	Fire		
Э.	Extended Coverage		
1.	Inland Marine	\$203,260	-0.4%
2.	Homeowners		<u></u>
3.	Commercial Multi-Peril		
٠.	Crop Hail	<u></u>	
	OAL		
	Other Line of Insurance s filing only apply to certain territory (	(territories) or certain classes? If so	, specify:
06	Line of Insurance		
 Brie	Line of Insurance s filing only apply to certain territory (		
rie	Line of Insurance s filing only apply to certain territory (	anges. which	specify organization):  Federated Service Ins. Co.  ame of Company

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change $(+ \text{ or } -)^{**}$
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	-	
2	Commercial		
3. 4.	Liability Other Than Auto	<del>•••••••••••••••••••••••••••••••••••••</del>	
4. 5.	Burglary and Theft Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
_11	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Valuable Personal Property	\$165,027	20.0%
	Line of Insurance		
D (	iling anly annly to certain territary	(territories) or certain classes? If so	, specify:
No Brief o	description of filing. (If filing follo	ows rates of an advisory organization	specify organization):
No Brief o Base r	description of filing. (If filing follorate revision	nges.	specify organization):
Brief of Base r	description of filing. (If filing folloate revision	nges.	specify organization):
Brief of Base r	description of filing. (If filing folic rate revision djusted to reflect all prior rate char hange in Company's premium level	nges.	specify organization):
Brief of Base r	description of filing. (If filing folic rate revision djusted to reflect all prior rate char hange in Company's premium level	nges.	Garrison Property and Casualty Insurance Company
Brief of Base r	description of filing. (If filing folic rate revision djusted to reflect all prior rate char hange in Company's premium level	nges.	Garrison Property and Casualty

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>		
11. 12. 13. 14.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other	\$79,451	-1.8%		
Do:	Line of Insurance es filing only apply to certain territory (	territories) or certain classes? If so, specify	: <u>No</u>		
	ef description of filing. (If filing follows ng to adopt ISO's loss costs and	rates of an advisory organization, specify or rules.	organization):		
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  The Hanover Insurance Company				
			Name of Company		
		Gregory A. Popol	izio, Senior State Flg Analyst Official – Title		

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
	Extended Coverage		1.00/	
	Inland Marine	\$60,224	-1.8%	
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
15.	Other			
	Line of Insurance			
Doe	es filing only apply to certain territory (	territories) or certain classes? If so, spec	ify: No	
	ef description of filing. (If filing follows ng to adopt ISO's loss costs and	rates of an advisory organization, specify rules.	organization):	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.				
		Maccachuco	tts Bay Insurance Company	
		riassaciiuse	Name of Company	
			Hame of Company	
		Gregory A. Pop	olizio, Senior State Flg Analyst	
			Official – Title	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate revision effective	7/1/2013
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	4807-1	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine	35602	-17.1%
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
Do	es filing only apply to certain territory	(territories) or certain classes? If so, spec	cify: N/A
	, and a subject of the subject of th	(	
	ef description of filing. (If filing follows current ISO loss costs (CM-2010-RLA1) and ke	rates of an advisory organization, specify	organization): We are filing to adopt
	ljusted to reflect all prior rate changes hange in Company's premium level w	s. hich will result from application of new ra	ites.
		Monro	o Guaranty Incurance Company
		Mono	e Guaranty Insurance Company  Name of Company
			наше от сопрану
		Debra J. Cor	nstock, Sr. Regulatory Filing Specialist
			Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	evel produced by rate revision effective _	7/1/2013
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine	452737	-17.1%
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
_		(to all a deal) are contained about 20 King appear	::£
Do	es filing only apply to certain territory	(territories) or certain classes? If so, spec	sify: <u>N/A</u>
	ef description of filing. (If filing follows current ISO loss costs (CM-2010-RLA1) and ke	rates of an advisory organization, specify ep our LCMs unchanged.	organization): We are filing to adopt
	ljusted to reflect all prior rate changes change in Company's premium level v	s. which will result from application of new ra	ates.
		Natio	onal Trust Insurance Company
			Name of Company
		Debra J. Cor	nstock, Sr. Regulatory Filing Specialist
			Official - Title

#### ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rat	e level produced by rate revision effective	06/01/13 New & 08/01/13 Renewals
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commerci	al	
Liability Other Than Auto		
Burglary and Theft		
5. Glass	And the state of t	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
<ul><li>10. Extended Coverage</li><li>11. Inland Marine</li></ul>	\$3,888,438	+2.3%
12. Homeowners		<u>+2.376</u>
13. Commercial Multi-Peril		
14. Crop Hail		
15 Other		
15. Other Line of Insurance		
	(1	C., A., disable to all territories
Does filing only apply to certain territo	ry (territories) or certain classes? If so, speci	ry: Applicable to all territories.
Brief description of filing. (If filing follobase rates, policy, vehicle and driver	ows rates of an advisory organization, specify factors.	
*Adjusted to reflect all prior rate chang **Change in Company's premium leve	ges. el which will result from application of new rat	es.
	Morth	and Insurance Company
	Nottin	Name of Company
	Frin Te:	ats, Sr. Regulatory Analyst
		Official – Title

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <a href="https://example.com/Percent">Change (+ or -)**</a>
1.	Automobile Liability		
••	Private Passenger		
	Commercial	***************************************	
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	***	
14.	Crop Hail	· •	
15.	Other Valuable Personal	\$133,328	20.0%
	Line of Insurance		***************************************
oes f		erritories) or certain classes? If so	, specify:
rief o	iling only apply to certain territory (t description of filing. (If filing follow ate revision	s rates of an advisory organization	-
rief case r  * A	iling only apply to certain territory (t	s rates of an advisory organization	-
rief case r  * A	description of filing. (If filing follow rate revision  djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization	, specify organization):  USAA General Indemnity Company
rief case r  * A	description of filing. (If filing follow rate revision  djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization	, specify organization):  USAA General Indemnity
rief case r	description of filing. (If filing follow rate revision  djusted to reflect all prior rate change hange in Company's premium level w	s rates of an advisory organization	, specify organization):  USAA General Indemnity Company